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Title: The experiences of carers in using shared activities to communicate with looked after young people about alcohol, tobacco and drug use

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Abstract

Parental conversations with their teenage children about alcohol, tobacco and drugs, are associated with lower rates of use. Looked after young people are at greater risk of early initiation, higher rates of use and more problematic use. However, there is no evidence regarding whether these conversations occur in settings where the parental role is assumed by someone other than the biological parent. The aim of the study was to examine how carers communicate with looked after young people about alcohol, tobacco and drug use. In-depth interviews were conducted with 16 residential care staff and foster carers in Scotland. Data were analysed using a thematic analysis approach. Participants talked about 'shared doing' as a way of building relationships and communicating about substance use. Shared doing encompassed particular activities that carers and young people would do together, such as driving in the car, cooking, watching TV and going for a walk. Shared doing provided an opportunity to spend time together and to create an environment in which communication could be facilitated. These environments were shaped by space, time and context. Carers should be encouraged to take advantage of the time-limited occasions they are with young people to have conversations about substance use.

Key words

Young people, substance use, foster care, residential care, communication

Introduction

Alcohol, tobacco and drug use often begins during adolescence (Mirza and Mirza, 2008). The younger substance use begins, the greater the likelihood of more frequent and problematic use (Feinstein et al., 2012). A vast range of risk and protective factors exist, which influence whether or not young people will use these substances and to what extent. These include personal, parental, cultural and environmental factors (Hawkins et al., 1992). Family and parenting factors are highly influential, and are relevant to current policy which focuses on early intervention and the family context (Jackson et al., 2011; Scottish Government, 2008). The way in which parents and their children communicate, both generally and about substance use, can influence young people's substance use (Ryan et al., 2010, 2011). There is evidence that parent-child communication about alcohol, tobacco and drug use can delay initiation and reduce consumption in mainstream populations (Luk et al., 2010; Yang et al., 2014). Thus, ensuring parents communicate with their children about substance use is important in delaying and reducing young people's alcohol, tobacco and drug use, particularly when these conversations are open, constructive, credible and two-sided (Carver et al., 2016).

Despite the evidence regarding the influence of substance use communication on young people's substance use, there is a dearth of literature on such communication in more vulnerable populations, such as looked after young people. In Scotland, these are young people who are in the care of the local authority, either voluntarily or by court order; they can be looked after at home or by extended family, in foster care or residential care (Jones et al., 2011). They can become looked after for a variety of reasons, including physical, sexual and emotional abuse; neglect; parental substance misuse; parental mental health problems; domestic violence and death of a parent (Dregan and Gulliford 2012; Jones et al., 2011). Life has often been extremely difficult for these young people, affecting attachment and relationships with carers (Centre for Excellence for Looked After Children in Scotland, 2014; Jones et al., 2011). They are also at increased risk of early initiation of alcohol, tobacco and drugs and tend to use these substances more frequently and heavily than their peers and are more likely to develop problematic use (Braciszewski and Stout, 2012; Kepper et al., 2014; Thompson and Auslander, 2007; von Borczyskowski et al., 2013). The findings from a recent study, however, suggest that

some looked after young people may have rates of tobacco and alcohol use similar to their peers, although drug use was higher (Vincent and Jopling, 2017).

Poor general communication between looked after young people and their carers has been found to be associated with a range of negative outcomes, including higher rates of delinquent behaviour; internalising and externalising behaviours; hostility to caregivers; and problems at school (Rueter and Koerner, 2008; Samek and Rueter, 2012; Vuchinich et al., 2002). However, there is no evidence in terms of communication about substances; much of the research has been conducted in the USA and Italy; much of the research has focused on adopted young people, with little in foster care and none in residential care settings; and research is also lacking with other caregivers, such as residential care workers. Additionally, carers' professional role identity and associated roles and responsibilities may influence the way in which they develop relationships and communicate with young people (Mullan et al., 2007; Blythe et al., 2013). Foster care has moved towards professionalisation (Wilson and Evetts, 2006). While they often treat the young people in their care as their own (Blythe et al., 2013), foster carers are expected to take on professional tasks (Rhodes, Orme and McSurdy, 2003). Residential care staff report the desire to be more involved in young peoples' care and spend more time with them, but often feel unable to, due to pressure on resources (Milligan, Kendrick and Avan, 2004).

The aim of the current study was to gain an understanding of how those in a formal caring role, communicate with young people who are in foster and residential care about alcohol, tobacco and drug use.

Methods

The findings reported in this paper are part of a larger PhD study: interviews were also conducted with 13 looked after young people but this paper only provides the perspective of how carers communicate with young people. The young people in their care tended to be aged 12-19 years; were mixed in terms of gender; and most were white Scottish. Ethical approval for the study was granted by Edinburgh Napier University and a local authority's children and families department. Those identified as providing care to young people in foster and residential care were recruited from the social work department, residential units and an independent fostering agency. A

total of 16 carers participated: six foster carers and ten residential care staff. Written informed consent was granted at the beginning of each interview. Interviews took place in residential units and foster carers' homes. At the beginning of each interview, participants were provided with an information sheet, explaining the rationale for the study and the interview process, and were asked to read through it; any questions were answered prior to the interview. All interviews were recorded using a small digital recorder. The interview schedule covered a range of topics, including participants' experiences of developing relationships, communication about substance use and use of digital media. After each interview, participants were provided with a debrief sheet and then detailed notes were written about experiences, thoughts and feelings of the interview, as a way of enhancing reflexivity (Watt, 2007).

Data were transcribed verbatim and analysed using a thematic analysis approach, as described by Braun and Clarke (2006). There are six key phases to conducting a thematic analysis, which are similar to those in other approaches; initially the researcher looks for patterns of meaning in the data, and ends by reporting these patterns, or themes. These six phases involve becoming familiar with the data, through transcription and reading; generating initial codes that appear to be most interesting and salient; searching for themes, by considering how codes become themes; reviewing and refining themes; themes are then defined and named; then finally reporting the final analysis (Braun and Clarke, 2006). All participants were provided with a short summary of the findings.

Strengths and limitations

Firstly, this study was an original piece of research which provides insight into how carers and young people communicate about substance use. These findings can contribute to the literature in providing carers with practical ways in which to develop relationships and communicate with looked after young people. Involving both residential care staff and foster carers highlighted the similarities and differences in these care settings in terms of communication about and approaches to substance use, as well as providing a diversity in experiences of caring, building relationships and communication. Given that the aim of qualitative research is not to achieve a representative sample but one which is diverse (Barbour, 2001; Ritchie et al., 2014),

the diverse sample in the current study is a strength. Relatedly, foster carers were recruited from across Scotland, rather than in just one local authority area. This diversity improves the applicability of the study's findings. In terms of limitations, residential care staff were only recruited from one local authority, so their experiences and approaches may reflect the particular policies, approaches or training provided in that area. Secondly, the study is somewhat limited by the use qualitative methodology being used, the size of the sample, despite being diverse, means that the findings may not be generalisable to all carers working with looked after young people. Finally, only the perspectives of carers and not young people were discussed in this paper. These findings are from a wider study, in which young people were also included (Carver, 2017), providing insight into their perspectives of communication.

Findings

Carers talked about doing things together as a way of developing relationships and communicating about substance use. These shared activities, or 'shared doing', were described as particular activities that carers and young people would do together, such as going for a walk, driving in the car, doing activities in the kitchen such as cooking and washing the dishes, and watching TV together. The purpose of shared doing appeared to be twofold: spending time together and creating a time-limited environment in which communication could be facilitated.

A less intense approach to communication

Participants talked about the importance of shared doing when communicating about substance use, with a lack of eye contact being particularly useful. Having conversations about sensitive topics like substance use can be daunting for both carers and young people; limiting eye contact through shared doing allowed conversations to take place in a less intense and intimidating way. Several carers talked about the ineffectiveness of face-to-face conversations; young people find such conversations too intense, uncomfortable and difficult to deal with. Having conversations whilst jointly being involved in an activity encourages a more natural approach. Having conversations in the car, in the kitchen, when watching TV or going for a walk all suggest the need for carers and young people to be front-facing, rather than looking at each other, and for something else to be happening at the

same time as talking. Jennifer talks about the importance of having conversations about substance use when eye contact is minimised:

> *"quite often take them drive in the car and they don't once there's no eye contact there's just it's the best they just chat away"* (Jennifer, residential care staff, Unit A)

Conversations through shared doing are in stark contrast to more formal types of communication, in which carer and young people might be sitting across from each other and eye contact might be maximised. Carers talked about the difficulties of having conversations in a more formal manner, when the focus is on substance use:

> "*it's that care environment…there is a difference between...addressing issues…and identifying this is an issue for this kid so let's sit them down and talk about it…a lotta kids aren't gonna respond to that*" (James, residential care staff, Unit A)

Shared doing appeared to be a favoured method of having conversations, because participating in an activity made the communication feel more natural and unplanned. There was a sense that these conversations would simply occur when the focus was on the task, providing an environment in which carers and young people could feel more relaxed and have more difficult conversations. For example:

> *"I think it needs to be...goin' for a drive in the car that's that's the ultimate top one for me...cos kids don't have to do the eye-to-eye contact when you're driving you can't d'you know so they'll quite happily chat away"* (Sharon, residential care staff, Unit D)

Despite shared doing being viewed as encouraging more natural communication, these naturally occurring activities seemed somewhat intentional. For example, carers talked about taking young people for a drive in the car as a way of prompting conversations. Thus, shared doing creates an environment in which young people

have the space to talk openly about substance use. This is highlighted in the above quote by Sharon, as well as the following quote from Marie:

> *"they don't quite know how to ask they'll do it in the car…so that's always quite a good tool if you know somebody's kinda wanting to speak about something let's go along to [town] [laughs] let's go a wee trip in the car and and then you can kind of very subtly ask or let them kinda just...spew it out"* (Marie, residential care staff, Unit B)

Some conversations within the context of shared doing may occur spontaneously, while others are planned, contrived conversations, which are made to feel natural through the very environment in which they occur. Carers appear to have learned through natural, spontaneous conversations about substance use in particular environments that the approach works, so they then use shared doing as a method for future communication about substance use. Others do appear to occur naturally, depending on the situation and the environment. It appears that the crucial part of shared doing is to make the conversations feel natural to the young people, even if the conversations are planned.

Creating an environment

Participants' language suggests that shared doing creates an environment in which young people feel able to open up and have conversations that they may find more difficult within a residential unit or foster home setting. On the surface, shared doing appears to facilitate communication through the lack of eye contact and the desire to make communication more natural. However, there seems to be more to shared doing than just a lack of eye contact and the informal nature of the conversations. Such activities may be carefully planned by carers as a way of creating an environment in order to make it easier for young people to talk. Going for a drive in the car or for a walk along the beach may act as a prompt for the young person: they may learn that being in such an environment means that they are allowed to talk about substance use; they are in control of the situation and are not being forced to communicate. Carers recognised that having forced, formal sit-down conversations with young people rarely works, that such conversations make them feel uncomfortable. However, doing activities together and having conversations that are

perceived as natural and informal, might encourage young people to feel more comfortable, by letting them "*take the lead*" as suggested by Marie. For example, Angel talks about having a conversation with a young person in the car about her alcohol use. She mentioned that the young person was talking openly and that she did not need to prompt the conversation; being in the car environment encouraged the young person to talk on her own terms, rather than feeling that she was being forced to talk:

> *"she kinda just chatted away quite openly… she was talking em I wasn't kinda prompting it"* (Angel, residential care staff, Unit B)

Young people were perceived as being more open when they had conversations in the environment created through shared doing. Susan, a foster carer, talks about walking her dogs with foster children as providing an environment in which you can *"talk about anything and everything"*; Deborah, another foster carer, also talks about watching the TV together with foster children as a way of communicating about substance use, because the topic *"just kinda comes up"*. Carers use shared doing, in its various guises, as a way of creating an environment in which communication about substance use occurs freely, as a topic that might come up in conversations, rather than it being expected or necessary.

Being in the car seemed to provide young people with the opportunity to have difficult conversations. These car journeys, and therefore the conversations which occurred during them, were time limited: when the journey was over, the conversation would also stop. Thus, conversations about substance use could occur for short periods of time, giving young people control over how much they could and would reveal in a limited period of time. However, while it appears that young people had an influence over such communication, most of the time carers seemed to initiate the conversations, rather than the young people themselves. Thus, young people might feel that they are in control of the conversations, but rather they are carefully planned by carers as a way of encouraging young people to talk about substance use.

These environments are suggestive of the need for carers to take advantage of the space in which they are in, the context and the time available in which to have these conversations. Being away from the residential unit, or being alone with a young person appeared to facilitate communication about substance use more so than having conversations when other people were around; carers talked about the need to have 'quiet time' and being 'away from this environment'. These environments created spaces in which communication could occur because they were likely to enable carers and young people to feel comfortable: they were normal, homely or safe settings where conversations tended to occur more naturally. For example, having a conversation in a car or in the kitchen will feel different to conversations which occur in offices, at meetings or even in other areas of the residential units and foster homes. The following quote from Jennifer highlights these spaces as facilitating conversations about substance use:

> *"we've got a wee place we go a drive to…it's just that it's a space out we go a wee drive and we sit and we have a chat and reflect on what's been going on…sort of mark it rather than formal"* (Jennifer, residential care staff, Unit A)

The time limited nature of these environments appears to be crucial: having a conversation in the car or when doing an activity such as washing the dishes means there is a clear end point: when the journey is finished or the dishes are washed and dried. Thus, conversations can be short and provide carers and young people with the opportunity to end the conversations if they begin to feel uncomfortable.

The importance of context: differences between foster and residential care

Instances of doing communication, in which carers and young people had conversations about substance use whilst partaking in particular activities, appeared to occur within both residential and foster care settings. Both foster carers and residential care staff talked about having conversations in the car, in the kitchen, going for a walk and whilst watching TV. Of the twelve participants who mentioned shared doing, more than half were in residential care, suggesting that there were differences in the use of shared doing as a method of communication between care

settings. Foster and residential care are distinct settings, with differences in terms of how carers communicate with young people about substance use.

In foster care settings, shared doing occurred in situations in which family-based communication might naturally occur: driving to school, cooking, walking dogs and watching TV. The environment in which these activities occur may be created by foster carers to provide a normal day-to-day life for looked after young people, as a way of including them as part of the family and to build relationships. It also seems that they are created to facilitate communication about substance use. Foster carers talked about treating their foster children in the same way as they would their own children, but there was also a tension due to the rules and boundaries that they would have to follow in relation to fostering.

Susan talked about going for walks as a useful opportunity in which to have conversations about substance use. She mentions that the purpose of going for a walk with the dogs was not to have conversations, but the topic might come up if it was appropriate:

> *"walkin' the dogs was a great thing cos you're both front facing you know and eh and you're sorta tied up with apparently you know walking the dogs and throwing balls for the dogs and within all that you can talk about anything and everything…but did I ever walk out the door and say and today we're raising the subject of substance misuse? it wasn't it would be if it was you know easy to bring up and it seemed appropriate d'you know maybe you kids smokin' or whatever and you say oh god you know"*
>
> (Susan, foster carer)

As the quote from Susan illustrates, walking the dogs was almost a guise for having conversations about substance use: her use of "*apparently*" suggests that there is an almost hidden element to the activity. Young people thought they were simply walking the dogs, but often difficult conversations could be had. She suggests that young people were not pre-warned about the conversation, but she would often talk about substance use, if it was "*easy to bring up*" and "*seemed appropriate*". Susan's

language hints to the planned nature of shared doing, doing a seemingly irrelevant task as a way of having somewhat difficult conversations about substance use.

It appears that foster carers may use shared doing in order to create environments in which to have conversations with young people about substance use. These activities are normal day-to-day occurrences, the types of activities that parents and children might do together. However, it appears that they are carefully thought out approaches in which to have conversations about a challenging topic. These conversations are also bound up by fostering rules and regulations which influence carers' communication with young people. For these participants, the conversations they had with young people about substance use were influenced by the rules imposed by social work departments, for example about smoking away from the house or being allowed to consume alcohol at certain events.

Shared doing appears to occur far more frequently in residential care than foster care, suggesting potentially different reasons and needs for such approaches. On the surface, shared doing seems to be a way of building relationships, of having difficult conversations without eye contact and as a way of having more informal conversations. These activities are also somewhat family-oriented, those that are likely to occur in a family home between parents and children. Thus, shared doing may be a way of creating a home environment for young people in a setting that is a home, an institution and a workplace (Dorrer et al., 2010). Watching TV together, washing the dishes and cooking together, may be environments that are created to enable young people in residential care to experience family life. They are also situations in which staff can have conversations about substance use:

> "*if it comes up in conversation where it's on TV and stuff cos it's just <u>there</u> you're sitting watching and you can kinda from then I guess*" (Ashley, residential care staff, Unit A)

Carers may use TV storylines like a vignette, enabling young people to respond in the third person, facilitating the discussion of sensitive topics (Barter and Renold, 2000).

Shared doing also appears to provide an opportunity to get away from the unit, to spend time together one-on-one. Residential care staff talked about driving in the car and spending time away from the unit, such as going for a walk, getting an ice cream or going for a spa day. These instances allude to a need to have conversations away from the unit environment. Carers may feel unable to have difficult conversations in a more formal environment in earshot of other staff and young people. Privacy for these young people can be particularly challenging, influencing the conversations they have (Mullan et al., 2007). Carers talked about using development days and other sessions to educate young people about substance use. It appears that these sessions provide an opportunity to have more general conversations about substance use, while more difficult, intense or personal conversations occur externally:

> "*drives in the car's always a <u>really</u> good way to talk to teenagers…so if there is topics that you need to discuss that's always a good way and they're more like they can't go anywhere if a car's movin' and they're so they're more likely to sit there you might not always get the information but it is a good a good place to start a conversation*" (Sharon, residential care staff, Unit D)

As the above quote from Sharon suggests, being away from the unit can be a particularly useful way of having difficult conversations; taking young people away from the unit for a drive in the car, particularly if there are conversations that need to occur. Staff are using shared doing to carefully create environments in which to have conversations with young people about substance use, conversations that may not occur in other settings or when shared doing is not being utilised.

Discussion

The theme of shared doing explores the different environments in which carers attempt to have conversations with young people about alcohol, tobacco and drug use. Shared doing enables carers to create an environment in which communication about substance use is encouraged, for carers and young people to have difficult conversations that may not occur in other settings, such as in the foster home or residential unit. These environments are often shaped by time, space and context:

they occur in particular settings and often for short time periods. Shared doing, in contrast with other, more formal communication, is viewed as natural and informal; however, carers' language around these conversations suggests that in fact these apparently natural conversations involve a great deal of planning. There appear to be some differences between care settings: shared doing appears to occur far more frequently in residential than foster care. This may be suggestive of these young people being perceived as more challenging by their carers and in the literature (Smith, 2009) or a greater need to have conversations in a particular environment, one which is safe, and without interruption.

The findings of this study add to the existing literature in a number of ways. It is the first study to examine substance use specific communication in a more vulnerable population, looked after young people. Previous research with looked after young people have failed to examine communication around substance use, instead examining general communication (Rueter and Koerner, 2008; Samek and Rueter, 2012; Vuchinich et al., 2002). Secondly, this study examined such communication with adults who are not the parents of these young people: the carers involved in the current study were paid to provide care to the young people, within foster and residential care settings. Previous research has mainly focused on adoptive families (Rueter and Koerner, 2008; Samek and Rueter, 2012). Thirdly, this is the first study to identify the concept of shared doing in relation to conversations with looked after young people about substance use. Although shared doing has been discussed in previous studies, these settings, activities and populations are different to those in the current study. For example, doing activities together as a way of building relationships and talking about difficult issues has been highlighted within the community men's shed movement (Moylan et al., 2015); forensic psychiatric clinics (Kumpula and Ekstrand, 2013); and in adventure therapy (Scheinfeld et al., 2011). The use of shared doing in the current study has some similarities to the abovementioned examples: doing activities together can provide a safe environment to build relationships and have conversations about particular, sometimes difficult topics.

However, the population involved in the current study is very different to those in the existing literature. In previous studies, all participants were men; in the current study,

young people and carers of both sexes participated. It is interesting that shared doing was used with an entirely different population than has previously been mentioned. Carers may have created the environments to build relationships and have conversations with young people who are difficult to engage with and talk to. Previous research has highlighted that looked after young people have difficulties in developing relationships with carers and in communicating with them (Biehal, 2014; Lipscombe et al., 2003; Rosnati et al., 2007); these perceptions were also echoed by carers in the current study. Men are often viewed as being difficult to engage and as finding it more difficult to talk about sensitive topics (Basow, 1992; Golding et al., 2007). Thus, it appears that shared doing provides an environment in which carers and young people can build relationships; blur the boundaries in terms of their role; and have conversations which are difficult to have in more formal settings.

Additionally, the activities discussed in the current study in terms of shared doing are different to those in previous research. The participants in the current study used activities which reflected family life, such as cooking, watching TV together, going for a walk and driving in the car. Thus, it is apparent that the activities chosen within the context of shared doing reflect the population: woodwork, hiking and gardening for men; and more homely activities for those in a care environment. Others have found that similar shared activities are a way of communicating with looked after young people (Rees, Holland and Pithouse, 2012; Emond, McIntosh and Punch, 2014). Finally, this is the first study to highlight the importance of minimising eye contact when communicating with young people about substance use. One of the key components of shared doing seemed to be that it limited eye contact. There was a view that minimising the amount of eye contact a young person had with carers during these conversations was beneficial; such conversations could allow the young person to feel more comfortable. The need for a lack of eye contact during these conversations may be due young people’s past experiences of trauma and disordered attachment (Furnivall and Grant, 2014), so for them eye contact can be particularly challenging (Howe and Fearnley, 2003; Steuwe et al., 2014). Thus, creating an environment in which eye contact is minimised, particularly during difficult or sensitive conversations, could increase young people’s engagement and openness with their carers.

Implications

The findings of the current study have some potential implications for policy and practice. The following suggestions may improve communication around substance use as well as young people and carers' relationships. Firstly, residential care staff and foster carers should be encouraged to take advantage of the occasions in which they are alone with young people, in these particular spaces which appear to facilitate communication. These often time-limited spaces may encourage communication to occur more naturally and in a less intense manner, with minimal eye contact. These environments may be particularly important when working with looked after young people. Secondly, carers should also extend the use of shared doing to communication about other sensitive topics, creating a safe environment in which to have these difficult conversations. Finally, carers should also be encouraged to build long-lasting, quality relationships with young people in order to improve young people's experiences and communication, taking into account potential tensions experienced due to their role identity. Carers experience tensions in being both a parent and a professional to the young people in their care, within the limits of corporate parenting. The environments created within shared doing provide important opportunities for carers to develop these relationships with young people.

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